



**Immediately notify  
DOH Communicable  
Disease Epidemiology  
Phone: 877-539-4344**

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster  
Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

# Botulism, wound

County \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ **Swallowing or speech difficulty**  
☐ ☐ ☐ ☐ **Eyelids drooping (ptosis)**  
☐ ☐ ☐ ☐ **Vision blurred or double**  
☐ ☐ ☐ ☐ Breathing difficulty or shortness of breath  
☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: \_\_\_\_  
☐ ☐ ☐ ☐ **Constipation**

### Predisposing Conditions

Y N DK NA

- ☐ ☐ ☐ ☐ **Contaminated wound during the 2 weeks  
before onset of symptoms.**  
☐ ☐ ☐ ☐ Gastric surgery or gastrectomy in past

### Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ **Cranial nerve abnormalities (bulbar weakness)**  
☐ ☐ ☐ ☐ **Respiratory distress**  
☐ ☐ ☐ ☐ **Paralysis or weakness**  
☐ ☐ ☐ ☐ Acute flaccid paralysis ☐ Asymmetric  
☐ ☐ ☐ ☐ Symmetric ☐ Ascending ☐ Descending  
☐ ☐ ☐ ☐ Abscess or infected lesion  
☐ ☐ ☐ ☐ Mechanical ventilation or intubation required  
during hospitalization  
☐ ☐ ☐ ☐ Admitted to intensive care unit

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

P N I O NT

- ☐ ☐ ☐ ☐ ☐ **Botulinum toxin (serum)**  
☐ ☐ ☐ ☐ ☐ **C. botulinum culture (wound)**

Toxin type: ☐ A ☐ B ☐ C ☐ D ☐ E  
☐ F ☐ G ☐ Unknown

## NOTES

**INFECTION TIMELINE**

Enter onset date/time  
(first sx) in heavy box.  
Count backward to  
determine probable  
exposure period

Hours from  
onset:

Exposure period

- 168 -12

o  
n  
s  
e  
t

Calendar date/time:

**EXPOSURE (Refer to dates above)**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness

☐ ☐ ☐ ☐ Contact with lab confirmed case

Nature of contact:

☐ Household ☐ Casual ☐ Sexual

☐ Needle use ☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Epidemiologic link (e.g. ingestion of same food eaten by person with lab-confirmed botulism)

☐ ☐ ☐ ☐ Epidemiologic link (e.g. ingestion of a home-canned food within the previous 48 hours)

☐ ☐ ☐ ☐ Home canned food

Y N DK NA

☐ ☐ ☐ ☐ Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)

☐ ☐ ☐ ☐ Preserved, smoked, or traditionally prepared fish

☐ ☐ ☐ ☐ Vacuum packed (modified atmosphere packaging) foods

☐ ☐ ☐ ☐ Foods stored in oil (e.g. garlic, sun dried tomatoes)

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/Location: \_\_\_\_\_

☐ ☐ ☐ ☐ Suspected exposure to botulism contaminated food

☐ ☐ ☐ ☐ Known contaminated food product

Specify: \_\_\_\_\_

☐ ☐ ☐ ☐ Non-injection street drug use

☐ ☐ ☐ ☐ Injection street drug use

Injection street drug use type: \_\_\_\_\_

☐ ☐ ☐ ☐ Source of botulism exposure identified

Specify: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: \_\_\_\_\_

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

**PATIENT PROPHYLAXIS AND TREATMENT**

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics taken for this illness Name: \_\_\_\_\_  
Date/time antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM PM # days antibiotic actually taken: \_\_\_\_\_

☐ ☐ ☐ ☐ Botulism antitoxin given Date/time given: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM

**PUBLIC HEALTH ISSUES****PUBLIC HEALTH ACTIONS**

☐ Initiate traceback investigation

☐ Referral to physician

☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_